



# FIRST STEPS Early Intervention System Eligibility Determination Documentation



SPOE: \_\_\_\_\_ Date: \_\_\_\_\_

\*Intake Coordinator: \_\_\_\_\_

MC+ Managed Care Case Manager: \_\_\_\_\_

\*Child's Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Parent/Guardian Name: \_\_\_\_\_ \*Date of Referral: \_\_\_\_\_

Eligibility determination activities pursuant to Sections 303.300 and 303.322 of 34 C.F.R. Part 303 were conducted for this child and resulted in the findings as stated below.

1. \* Statement of Concern/Reason for Referral \_\_\_\_\_ Date Completed

2. Family Members' Statement of Concern about Referral \_\_\_\_\_ Date Completed

3. Combined Enrollment Application/Social History Interview \_\_\_\_\_ Date Completed

4. Review of Pertinent Records including vision, hearing and developmental screening \_\_\_\_\_ Date Completed

\*Indicates information entered and stored electronically at the System Point of Entry

Missouri First Steps Eligibility Documentation Form

March 03

Page Number 1 of 3

## 5. Intake Coordinator Observation

\_\_\_\_\_ Date Completed

IS THERE SUFFICIENT INFORMATION AVAILABLE IN ITEMS 1-5 TO MAKE AN ELIGIBILITY DETERMINATION?

\_\_\_\_\_ Yes (Proceed to Section 7) \_\_\_\_\_ No (Continue with Section 6) Remarks:

## 6. Formal Evaluation/Assessment/Structural Observation Information

Domain	Method/Instrument Used	Clinician Name/ Date Administered	Statement of Child's Level of Performance (Age equivalency, if possible)
Cognition:			
Physical Dev.			
Communication			
Social/Emotional			
Adaptive Dev.			

7. \_\_\_\_\_ Determined Eligible

\*7a. \_\_\_\_\_ DOCUMENTATION OF ELIGIBILITY THROUGH PHYSICIAN CONFIRMATION OF CONDITIONS DIAGNOSED AT BIRTH OR WITHIN 30 DAYS POST BIRTH (NEWBORN CONDITIONS) (Attach NICU Referral/Physician Statement)

Very Low Birth Weight (VLBW: less than 1,500 grams) **with** one or more of the following conditions:

- \_\_\_\_ Apgar of 6 or less at 5 minutes
- \_\_\_\_ Intracranial bleeds (Grade II, III, or IV)
- \_\_\_\_ Ventilator dependent for 72 hours or more
- \_\_\_\_ Asphyxiation

Diagnosis: \_\_\_\_\_

ICD-9 CODE: \_\_\_\_\_

OR:

\*7b. \_\_\_\_\_ DOCUMENTATION THROUGH PHYSICIAN CONFIRMATION OF MEDICAL DIAGNOSIS:

Medical Diagnosis (Maintain physician documentation of eligibility for conditions outlined in A(3) of the eligibility criteria which may include a medical report or Initial Health Summary in the child's Early Intervention Record)

Diagnosis: \_\_\_\_\_

ICD-9 CODE: \_\_\_\_\_

OR:

\*7c. \_\_\_\_\_ DOCUMENTATION OF ELIGIBILITY THROUGH CONFIRMATION OF DEVELOPMENTAL DELAY: ICD-9 CODE: \_\_\_\_\_

\_\_\_\_\_ Functioning at half the developmental level in at least one (1) developmental domain that would be expected for a child considered to be developing within normal limits and of equal age List area(s) \_\_\_\_\_

OR

\_\_\_\_\_ Decision made through informed clinical opinion. (Rationale must be documented below)

Rationale:

---

---

---

---

\*8. \_\_\_\_\_ Determined NOT Eligible